

Department of Kinesiology Activity Instructor Evaluation

Faculty Observed:	Date:	Course Number/Name:	
Location:	Topic/Activity:		
Scheduled start:	Actual start time:	Scheduled end:	Actual end time:
Number of students:			

1. These items are to be completed as you observe them in the sequence of the lesson. The right column is provided for your comments.

Category	Comments
Instructor dress	
Attendance procedure	
Introductory activity	
Instructional activity	
Lesson summary	

2. Circle the number that best identifies the instructor's level of ability in each of the categories listed below. The right column is provided for your comments.

Category	Weak - Strong	Comments
Interest displayed in the content of the lesson (enthusiasm or energy put into instruction, feedback, etc.)	1 2 3 4 5	
Interest displayed in the students and their learning (supervision of practice, control, helpfulness)	1 2 3 4 5	
Confidence (pose, professional manner)	1 2 3 4 5	
Lesson sequence (development, topical, chronological, etc.)	1 2 3 4 5	
Student participation and involvement in learning activities (note taking, practicing, asking questions, etc.)	1 2 3 4 5	
Management (minimum time lost for attendance, material distribution, AV set-up, transitions, etc.)	1 2 3 4 5	
Individualization (practice, cue selection, accommodating interests, amount of feedback)	1 2 3 4 5	
Feedback/analysis of performance (positive, timely, followed by corrective input)	1 2 3 4 5	

Flexibility (instruction altered based on results)	1 2 3 4 5	
Instructional cues (clear, accurate, focused on key points, a variety used)	1 2 3 4 5	
Visual aids, demonstrations and illustrations (clear, accurate, focused on key points, a variety used)	1 2 3 4 5	
Practice/assignments (focused on a limited number of outcomes, varied, high-activity)	1 2 3 4 5	
Attentive to safety (minimum risk to participants)	1 2 3 4 5	
Instructor knowledge of activity	1 2 3 4 5	

3. Circle the appropriate ratings and write comments below.

Category	Circle
Instructional materials were submitted prior to observation (syllabus)	Yes No
Instructional intent, expectations, and key points were clear and attainable	Yes No
Learning activities were directly related to course objectives. N/A not able to assess without syllabus.	Yes No
The instructor is in compliance with the <i>Code of Teaching Responsibilities</i>	Yes No
The instructor refrains from using sexist, racist, and/or gender preference terms	Yes No
Comments	

4. Be sure to provide specific and reflective comments in this section. You should share your feedback and this completed form with the instructor after the class you observed.

Category	Comment
Comment on at least one strength	

Comment on any weaknesses	
Cite at least one suggestion to improve instruction	
Additional comments	

5. Circle an overall rating for the quality of instruction:

<i>Category</i>	<i>Weak ... Strong</i>	<i>Comments</i>
Overall rating of instruction	1 2 3 4 5	

I have read the following classroom visitation observation and understand that it will be placed in my Personnel Action File (PFAF) in the dean's office, and I have received a copy.

Faculty Member's Signature _____ Date _____

Evaluator's signature _____ Date _____

Follow Up Discussion Date/Time _____

Return this completed form to Yolo 243

For office use: DISTRIBUTION
Original – Instructor file Y243
Copy 1 – Instructor

Form Revised:
October 30, 2018